



Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		Application Number	10/510,876
		Filing Date	June 20, 2005
		First Named Inventor	Christine Power
		Examiner Name	R. M. Deberry
		Art Unit	1647
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	SLII-P01-001
TOTAL AMOUNT OF PAYMENT		(\$)	180.00

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
31	- 40 =	x	=	Fee (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	- 6 =	x	=

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 =	(round up to a whole number) x	=

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement	180.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	52,883	Telephone	(617) 951-7633
Name (Print/Type)	Jesse A. Fecker, Ph.D., J.D.	Date	July 17, 2008		

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: July 17, 2008 Signature: (Pamela A. Harrison)



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<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 18-1945
Deposit Account Name: Ropes & Gray LLP	
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<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
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							<b>Small Entity</b>
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Multiple dependent claims							370
							185
<b>Total Claims</b> 31 - 40 = _____							
<b>Extra Claims</b> _____ x _____ = _____							
<b>Fee (\$)</b> _____							
<b>Fee Paid (\$)</b> _____							
<b>Multiple Dependent Claims</b>							
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<b>Indep. Claims</b> 2 - 6 = _____							
<b>Extra Claims</b> _____ x _____ = _____							
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<b>Total Sheets</b>		<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
_____ - 100 = _____		_____	/50 = _____ (round up to a whole number) x _____		_____	= _____	
<b>4. OTHER FEE(S)</b>							
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Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement							180.00

<b>SUBMITTED BY</b>			
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Name (Print/Type)	Jesse A. Fecker, Ph.D., J.D.	Telephone	(617) 951-7633
		Date	July 17, 2008

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Used in Lieu of PTO/SB/08A/B  
(Based on PTO 01-08 version)

<b>Substitute for form 1449/PTO</b>  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)				<b>Complete if Known</b>	
				Application Number	10/510,876
				Filing Date	June 20, 2005
				First Named Inventor	Christine Power
				Art Unit	1647
				Examiner Name	R. M. Deberry
Sheet	1	of	1	Attorney Docket Number	SLII-P01-001

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number Number-Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	A9	2006/0084595 A1	04-2006	Yamamoto et al.	

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)	MM-DD-YYYY			

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. \* CITE NO.: Those application(s) which are marked with an single asterisk (\*) next to the Cite No. are not supplied (under 37 CFR 1.98(a)(2)(iii)) because that application was filed after June 30, 2003 or is available in the IFW. <sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
	C37	Beasley, DJ, et al., "Fibro-osseous lesions of the head and neck", The Journal of the Louisiana State Medical Society: Official Organ of the Louisiana State Medical Society, Vol. 148(10), pp 413-415, 1996.	
	C38	Brown et al., "Fibrous Dysplasia of the Temporal Bone: Imaging Findings", Abstract, American Journal of Roentgenology, Vol. 164, No. 3, pp 679-682, 1995.	
	C39	Lane et al., "Bisphosphonate Therapy in Fibrous Dysplasia", Abstract, Clinical Orthopaedics and Related Research, No. 382, pp 6-12, 2001.	
	C40	Mohammadi-Araghi et al., "Fibro-osseous Lesions of Craniofacial Bones", Abstract, The Role of Imaging. Radiologic Clinics of North America, Vol. 13, No. 1, pp 121-134, 1993.	
	C41	Rosenblum et al., "Monostotic Fibrous Dysplasia of the Thoracic Spine", Abstract, Spine, Vol. 12, No. 9, pp 939-942, 1987.	

Examiner Signature		Date Considered	
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<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.